.∴. MassMutual

Service Request to Withdraw/Apply Dividends

Not for use with Qualified Plan or Keogh (H.R. 10) Plan owned policies

Use this form to withdraw/apply dividends. IMPORTANT: If the Life Insurance Supplement Rider (LISR) or Supplemental Insurance Purchase Rider (SIPR) is currently attached to your policy, a dividend withdrawal processed for any purpose other than to pay the annual premium may result in a reduction or cancellation of the rider. For additional information, contact your personal financial representative, tax advisor or the MassMutual Service Center as noted in section G – Submission & Contact Information.

	. Policy number(s):			
2.	. Insured full legal name (First, MI, Last, Suffix):			
В	Owner Information::::::::::::::::::::::::::::::::::::			
1.	. Full legal name:			
2.	. Taxpayer Identification Number (SSN/ITIN/EIN):			
3.	. Phone number: Extension:			
	Receive a text message regarding the status of this request. By checking this box, you agree to receive text messages regarding this request to your mobile phone. These messages may be sent through an automated system. Standard message and data rates may apply to any SMS or MMS you send or receive as part of this program. You may reply to a text with STOP to cancel notifications at any time.			
4.	Email address:			
	Receive an email regarding the status of this request. By checking this box, you agree to receive emails regarding this request to your email address. These emails may be sent through an automated system.			
5.	. Is this Policy subject to a divorce obligation?			
	If Yes, former spouse must sign in section E. Note: If the MassMutual Policy is subject to a divorce obligation (for example, a court order of a divorce agreement), this form must also be signed by the former spouse. In the event that the former spouse is not willing to sign this form MassMutual requires the following from the divorce settlement agreement: the first page, any pages pertaining to the MassMutual Policy of life insurance, and the signature page with the signatures of all parties.			
6.	. Is this Policy collaterally assigned?			
	If Yes, complete assignee information below. If No, skip to section C – Withdraw/Apply Dividends.			
	☐ Individual(s) → Print individual's full legal name (First, MI, Last, Suffix):			
	☐ Corporate Entity → Print Entity name:			
	☐ Trust → Print full name & date of Trust (mm/dd/yyyy):			

If corporate-owned, the Corporate Resolution form (FR2057) is required. For Supplemental Insurance Dividend option policies, I am aware that if dividends are withdrawn or applied, the death benefit may decrease but the premium will remain the same. If any portion of the payment is taxable, an IRS Form 1099 (if required) will be issued to the owner of this policy. If a rider* that provides benefits for qualified long term care services is attached to the policy, a withdrawal of paid-up additions may impact the value of the benefits available under the rider(s).

*These riders include the Accelerated Death Benefit for Long Term Care Services Rider (known as the Long Term Care Insurance Accelerated Death Benefit Rider in Florida), the Accelerated Death Benefit for Qualified Long Term Care Insurance Rider, the Extended LTC Benefits Rider, or the Qualified Long Term Care Insurance Rider.

Continue to next page...

Withdrawlourrander dividends from /Coloot all that a	oppolisis			
 Withdraw/surrender dividends from (Select all that a Option 	αρριγ). Amount			
Dividend/Paid-up Additions	☐ Maximum ☐ Other (Specify):	¢		
Accumulated Dividends				
	☐ Maximum ☐ Other (Specify):			
ALIR Purchase Payments	☐ Maximum ☐ Other (Specify):			
ALIR Dividends	☐ Maximum ☐ Other (Specify):	\$		
Additional Benefit Riders (ABR) I acknowledge that as a result of this transaction I v no longer be able to make ABR premium payments		\$		
Annuity Paid-up Additions	☐ Maximum ☐ Other (Specify):	\$		
Flexible Term Rider	Maximum (A partial surrender is n	not allowed)		
2. Pay/apply dividends to (Select all that apply):				
Option	Amount	Policy Number		
Pay to Cash (Also complete questions 3-5)	\$	Not applicable		
☐ Apply to Premium	\$			
Apply to Loan Principal	\$			
Apply to Loan Interest	\$			
Payoff Loan*	Not applicable			
		*		
Apply Automatic Premium Loan (APL) to any balance due for Premium and/or Loan Interest**				
*The loan payoff amount will be determined as of the d **For Modified Endowment Contract (MEC) policies, an in the policy. If you are under age 59½, any taxable pr	y automatic premium loan will be taxable as	s ordinary income to the extent of the gal		
Delivery Information (Required for cash withdrawals)				
f these questions are left blank, the check will be mai form must be completed for address changes. Distrik Proceeds will only be payable to the Trust.		•		
B. Payee (Select one):	gnee			
How would you like to receive your payment? (Select of	one):			
Direct Deposit via ACH/EFT (Complete the One-Time ACH/EFT for Disbursements Form, FR2130, and skip to section				
Mail (Complete questions 5-6 below)				
i. Mailing address (PO Box or Street, Apt. or Suite #, City	v & State or Country, ZIP/Postal Code):			
Delivery method (Select one):	U.S. Postal Service (Default – no charge; allow 10 business days for normal delivery)			
	business days for normal delivery)			
	d cannot ship to a PO Box. If information be ou would like to pay your overnight billing cl	harges by credit card, contact the applica		
FedEx/UPS Priority (The carrier charges a fee and mailed through the regular U.S. Postal Service. If ye	d cannot ship to a PO Box. If information be nou would like to pay your overnight billing cl n G. Do <u>not</u> include credit card information c	harges by credit card, contact the application this form.)		

Policy number(s):
D Withholding Election (Not for eligible rollover distributions subject to 20% withholding) ::::::::::::::::::::::::::::::::::::
Payments you receive from Massachusetts Mutual Life Insurance Company ("MassMutual") are subject to Federal income tax withholding unlegated you elect not to have withholding apply. Withholding will apply only to the portion of your distribution that is already included in your income subject to Federal income tax. There will be no withholding on the return of your own after-tax contributions to the policy. If we do not know what portion a distribution is taxable, we will withhold on the net amount after charges. Once a payment has been made, the withholding election applicable that payment cannot be changed. If you elect not to have withholding apply to your other payments, or if you do not have enough Federal incotax withheld from these payments, you may be responsible for payment of estimated tax and/or be subject to estimated tax penalties.
State income tax withholding may also apply. State income tax withholding requirements vary by state. If required under the laws of the state in who you live, state income tax withholding will also apply. For more information on the withholding requirements in your state, see State Income Withholding Disclosure. You should consult with a professional tax advisor before you begin receiving payments or before changing your elections.
MassMutual will apply default withholding of 10% unless (a) you check the box below to opt-out of withholding; or (b) a completed I Form W-4R accompanies this request. You can obtain this form here: www.irs.gov/pub/irs-pdf/fw4r.pdf . If the IRS Form W-4R is received a disbursement is processed, MassMutual cannot change the withholding on that disbursement.
Check the box below if you do not want any Federal income tax withheld from your distribution for payments other than eligible rollover distribution
I do not want to have Federal income tax withheld from my disbursement.
Note: If you are a U.S. citizen residing in a foreign country, Federal tax withholding is mandatory at the rate of 10%. If you are a nonresident ali we require a Form W-8BEN (Individuals) or Form W-8BENE (Entities) to determine the correct withholding.
E Agreements & Signatures ::::::::::::::::::::::::::::::::::::
We will only accept electronic signatures generated using a MassMutual-approved electronic signature process. Electronic signature generated from personal accounts, software or applications will not be accepted.
By signing below, the Owner acknowledges that they have read this form and understand the implications of their request. Each of the undersign certifies that they are of legal age, and that the Policy is not pledged or subject to any bankruptcy proceeding, attachment, lien or other claim the Policy is assigned, the Assignee must sign this form. If there is not sufficient space for all required signatures, make a copy of this Agreeme & Signatures section. Submit the additional page(s) of signatures with the completed form.
For (1) Enhanced Whole Life (EWL) contracts with the Supplemental Insurance Dividend (SID) option; (2) contracts with the Term Dividend poison; or (3) contracts with a Term Dividend option, read the following statement and check the box preceding it. A request to withdraw divider from these dividend options will not be processed unless the box below is checked:
I am aware that in withdrawing dividends from the Supplemental Insurance Dividend (SID) option, Term Dividend provision or Term Dividend option, the death benefit may decrease, but the premium will remain the same.
Taxpayer Certification. By my signature, I, the Owner, certify under penalties of perjury that: (1) the number shown in section B is my corr Taxpayer Identification Number; (2) I am not subject to backup withholding; (3) I am a U.S. person (including U.S. resident alien); and (4) the FAT code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. <i>Strike out any of these statements if incorrect.</i>
Note: While we are required by the IRS to include item 4 above, FATCA does not apply to a U.S. account owned by a U.S. person, so we had not included the ability to enter an exemption code. If you have indicated that you are not a U.S. person, any applicable FATCA information be captured on the Form W-8.
The Internal Revenue Service (IRS) does not require your consent to any provision of this document other than the certification required to avoid backup withholding.
Owner (Required in all cases)
Signature of Owner:
Printed name: Date:
Title (If applicable):
Printed name of Corporation/Partnership/Trust (If applicable):



Policy number(s):			
E Agreements & Signatures con	tinued • • • • • • • • • • • • • • • • • • •		
Signature of Additional Policy Owner or	former spouse (If applicable):		
Title (If applicable):			Sole Officer*
Printed name of Corporation/Partnershi	p/Trust (If applicable):		
Assignee (Required when the policy is assig	nents & Signatures continued re of Additional Policy Owner or former spouse (If applicable):		
Signature of Assignee:			
Printed name:		Date:	
Title (If applicable):			☐ Sole Officer*
Printed name of Corporation/Partnershi	p/Trust (If applicable):		
Signature of Additional Assignee (If app	licable):		
Printed name:	·	Date:	
Title (If applicable):] Sole Officer*
Printed name of Corporation/Partnershi	p/Trust (If applicable):		
plies: (1) proceeds are sent to an address of	her than the address of record; or (2) pro	ceeds are sent to an address that has	been changed
On,,			
(mm/dd/yyyy)	(full legal na	me of Owner(s))	
personally appeared before me and is known t free will and accord.	o me and/or satisfactorily proved to me to	pe the person who signed this documen	t of his/her own
Signature of Notary Public:			
State/County where signed:			
My commission expires (mm/dd/yyyy):			1 6 ai
G Submission & Contact Info	ormation ::::::::::::		• • • • • • •
For more information or general questions	s, use the resources below or for addit and completed this form, return all page	ional information regarding your pol	icy, visit <u>www.</u>
Phone:		Email:	
1-800-272-2216		lifefax@MassMutual.com	
Monday through Friday, 8 a.m. – 8 p.m. Eastern Time	Attention: Life Hub 1295 State Street		
	Springfield, MA 01111-0001	Attention: Life Hub 1-866-329-4527	
		Retain this original and the fax	
		confirmation statement for you	ır files.

Massachusetts Mutual Life Insurance Company (MassMutual) and its subsidiaries, C.M. Life Insurance Company and MML Bay State Life Insurance Company, 1295 State Street, Springfield, MA 01111-0001.



... MassMutual

State Income Tax Withholding Disclosure

State income tax withholding requirements on taxable distributions vary by state. State income tax, if required by your state of residence, will be withheld by MassMutual as detailed below. If you have questions regarding the withholding rules that we will apply in your state, or if you want to make a state income tax withholding request, contact the MassMutual Service Center at 1-800-272-2216 (Monday through Friday, 8am-8pm Eastern Time).

State Withholding Poquiron	nante · · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	•
State Withholding Nequiren	1101119	• • • • • • • • • • • • • • • • • • • •	,

If you are a resident of	State income tax will
Alabama, Colorado, Hawaii, Idaho, Indiana, Kentucky, Louisiana, Mississippi, Missouri, Montana, New Jersey, New Mexico, New York, North Dakota, Ohio, Pennsylvania, Rhode Island, South Carolina, Utah, West Virginia or Wisconsin	Not be withheld unless you request state income tax withholding. In New York, you may only request withholding from annuities.
Alaska, Florida, Nevada, New Hampshire, South Dakota, Tennessee, Texas, Washington or Wyoming	Not be withheld.
Arizona or Illinois	Be withheld from periodic payments (i.e. annuitized payments) only if you request state income tax withholding. State income tax will not be withheld from any other distribution.
Arkansas, California, Maine, North Carolina, Oklahoma or Oregon	Be withheld if federal income tax is withheld, unless you opt out of state income tax withholding. However, even if federal income tax is not withheld, you may request that state income tax be withheld. In Arkansas and North Carolina, you may not opt-out of eligible rollover distributions. In Maine you may not opt-out of non-periodic payments.
Connecticut, Michigan, Minnesota	Be withheld, unless you provide the appropriate state-specific withholding form
Delaware, Kansas, Massachusetts, Nebraska or Vermont	Be withheld if federal income tax is withheld. However, even if federal income tax is not withheld, you may request that state income tax be withheld.
District of Columbia	Be withheld only on a full surrender of a qualified contract. State income taxes will not be withheld from any other distribution, unless you request state income tax withholding.
Georgia	Be withheld from periodic payments (i.e. annuitized payments), unless you opt- out of withholding. State income taxes will not be withheld from any other distribu- tions, unless you request state income tax withholding.
lowa	Be withheld if federal income tax is withheld, unless you opt-out of state income tax withholding. However, distributions from IRAs and annuities are exempt from withholding if the payee is 55 or older.
Maryland	Be withheld from eligible rollover distributions, if federal income tax is withheld. You may request withholding on distributions from qualified contracts and non-qualified Annuities.
Virginia	Be withheld if federal income tax is withheld, unless your contract is an IRA or SEP-IRA. If your contract is held as an IRA or SEP-IRA, state income taxes will not be withheld unless you request state income tax withholding. State taxes will not be withheld on a lump sum distribution of a death benefit payable under an annuity contract, unless requested.

Massachusetts Mutual Life Insurance Company (MassMutual) and its subsidiaries, C.M. Life Insurance Company and MML Bay State Life Insurance Company, 1295 State Street, Springfield, MA 01111-0001.

If Withholding Applies

State	For non-periodic (i.e non-annuitized) payments	For periodic (i.e. annuitized) payments
Alabama, Colorado, Hawaii, Idaho, Kentucky, Louisiana, Mississisppi, North Dakota, Ohio, Pennsylvania, Rhode Island, Utah or West Virginia	Will be the amount requested	
Arizona	N/A	You may choose from the following rates: 0.8%, 1.3%, 1.8%, 2.7%, 3.6%, 4.2%, and 5.1%. You may also request additional withholding.
Arkansas	Must be at least 3% of the taxable amount Will be 5% on eligible rollover distributions	Will be calculated as if the payment were wages Will be 5% on eligible rollover distributions
California	Must be at least 10% of	the federal withholding amount
Connecticut	Must be at least 6.99% of the taxable amount, unless you claim exemption (may not claim exemption from lump sum distribution)	Will be calculated as if the payment were wages, unless you claim exemption
Delaware	Must be at least 5	% of the taxable amount
District of Columbia	 Will be 10.75% on full surrenders of a qualified contract Will be the amount requested for all other distributions 	Will be the amount requested
Georgia	Must be at least as much as would be with- held if the payment were wages	Will be calculated as if the payment were wages
Illinois	N/A	Will be the amount requested
Indiana, Missouri, Montana, New Jersey or New Mexico	Must be	e at least \$10
Kansas, Maine, Nebraska or Oklahoma	Must be at least 5% of the taxable amount	Will be calculated as if the payment were wages. In Nebraska, except for eligible rollover distributions, must be at least 5% of the taxable amount.
Maryland		ible rollover distributions from qualified contracts. \$5 for all other payments.
Michigan	Must be at least 4.25% of the taxable amount Will be 6.25% of the taxable amount or the percentage requested	
Minnesota		
Massachusetts or South Carolina	Will be calculated as if the payment were wages	
New York or Wisconsin	Must be at least \$5	
North Carolina or Virginia	Must be at least 4% of the taxable amount	Will be calculated as of the payment were wages
Oregon	Must be between 8% and 10 % of the taxable amount	Will be calculated as if the payment were wages
Utah	Will be the amount requested	Will be calculated as if the payment were wages
Vermont	Must be at least 30% of the federal with- holding amount	Will be calculated as if the payment were wages